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CONFIRMATION NO. 6909

<b>SERIAL NUMBER</b> 10/526,755	<b>FILING OR 371(c) DATE</b> 11/14/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 6195US04	
<b>APPLICANTS</b> Keith R Cromack, Gurnee, IL; John L. Toner, Libertyville, IL;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/07383 03/10/2003 which is a CIP of 10/235,572 09/06/2002					
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US02/28776 09/10/2002 UNITED STATES OF AMERICA PCT/US02/28798 09/10/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23492					
<b>TITLE</b> Device having hydration inhibitor					
<b>FILING FEE RECEIVED</b> 2630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		